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To The Editor:

Billy Smith's May 8th letter to the editor, "Bill Was Rammed Through," contains a number of inaccuracies that I would like to correct.

First, Mr. Smith said that I voted against the original House health reform bill and then changed my vote to yes on the Senate version at the behest of Speaker Pelosi. I actually voted yes on both the original House measure and the Senate legislation because I believe that it would significantly improve the health and well-being of the citizens of Georgia's 2nd Congressional District.

Second, Mr. Smith asks how the health reform law could benefit senior citizens when it cuts billions of dollars from Medicare. The Medicare savings are achieved by limiting excessive profits that private insurance companies are earning off of Medicare Advantage; promoting efficiencies among hospitals, doctors and other providers; encouraging more coordinated care; and fighting waste, abuse and fraud. Much of these cost savings are going right back into the Medicare program to make it stronger for the future. In fact, the new law will extend the solvency of the Medicare Trust Fund by at least nine years.

Third, Mr. Smith claims that the health reform bill was "rammed through" Congress. That characterization is wrong. Congress began working on health reform in spring 2009. There were hundreds if not thousands of hours of hearings, markups, town hall meetings and floor debates in both the House and Senate before the bill reached the president's desk in March 2010—most of which were fully open to the public.

In addition, Congress has used reconciliation procedures repeatedly to reform health care. Reconciliation was used to pass COBRA in 1985 which, according to the U.S. Department of Labor Web site, "gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods

of time under certain circumstances.” In 1997, the Republican-controlled Congress used reconciliation to create the “Medicare+Choice Program,” currently known as Medicare Advantage.

Finally, as Americans are beginning to see through the many mischaracterizations that have been made about the health reform law and learn the details, I am confident that it will be very popular.

My office already has been receiving numerous phone calls from constituents about the effective date of the provisions which allow parents to keep their young adult children covered under their health insurance until they reach age 26.

Other provisions such as the prohibition of health insurance companies from dropping your health coverage when you become sick; the ban on placing lifetime limits on benefits; the addition of free preventive care under new private health insurance plans; and the end to the denial of coverage based on pre-existing conditions will prove to be popular as well.

I look forward to continuing to meet with constituents who both supported and opposed the new health reform law and to provide them with the information they need to make informed decisions.

Sincerely,

Sanford D. Bishop, Jr.
Member of Congress